

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15192

FILED MAY 8 1944

Registration District No. 8

Primary Registration District No. 8767

State File No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Madison
(b) City or town Rural - 8 Michael Zushp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community Life.
years, months or days)3. (a) PRINT
FULL NAMEJOSEPH H. WESLEY - EAST

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex
- m
-
5. Color or race
- w

6. (a) Single, widowed, married,
-
- divorced
- married

6. (b) Name of husband or wife

Susan M. East

6. (c) Age of husband or wife if

alive 75 years

7. Birth date of deceased

May 22 1861
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

821019

hr. min.

9. Birthplace

Madison Co - Saco Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name
- Jancy East
-
13. Birthplace
- Unknown
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Mary Susan Smoot
-
15. Birthplace
- Unknown
-
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Belle Coffey

- (b) Address

17. (a)
- Burial
- (b) Date thereof
- 4-13-44
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Antioch

18. (a) Signature of funeral director
- Walt Helt Funeral Home

- (b) Address
- Fredericktown - Mo

19. (a)
- April 13 - 1943
- (b)
- S. A. S. Laughlin
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- MO
- (b) County
- Madison

- (c) City or town
- Rural
-
- (If outside city or town limits, write "RURAL")

- (d) Street No.
- 1
-
- (If rural, give location)

- (e) Citizen of foreign country?
- 1
- (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Apr.
- day
- 11
-
- year
- 1944
- hour
- 5
- minute
- 50 A.
- M.

21. I hereby certify that I attended the deceased from
- 15
-
- 1944
- to
- Apr 11
- 19
- 44

that I last saw him alive on Apr 10 1944
and that death occurred on the date and hour stated aboveImmediate cause of death Cirrhosis of liver
Duration about 19 yr.Due to Arteriosclerosis with enlargement of heartDue to Prostatic enlargementOther conditions Prostatic enlargement
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur?
- 124 St
-
- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature
- Henry Burton
- (M. D. or)

Address Fredericktown Mo Date signed Apr 12 - 44

RECEIVED

District Health Officer No. 4
District File Number 544-3739
Date Filed 5-5-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ☒ by

....., Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No. 4264

P. O. Address Fredericktown, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.